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ABSTRACT

Module 1 of a seven module package for child protective service workers explores volunteer parent aide programs in the areas of child abuse and neglect. Directions and discussion questions are provided for six training activities which cover the unique contributions of parent aides, the beliefs and assumptions that underly the parent aide program, and the relationship between the professional and volunteer roles. (SBH)

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Module 1

Why Volunteers?

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SCA
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Austin, 1979

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Why Volunteers?

"When a man decides to do something he must go all the way," he said, "but he must take responsibility for what he does. No matter what he does, he must know first why he is doing it, and then he must proceed with his actions without having doubts or remorse about them."

Journey to Ixtlan

Overview

Before proceeding on a course, know why you have chosen it. What advantages does it have over other routes? The route in this module explores volunteer parent aide programs in the areas of child abuse and neglect. This module will give you a glimpse of other people's reasons for embarking on this course. Later, you, as a group and individually, will develop your own reasons.

Begin by assuming that you have a desire to begin a volunteer parent aide program, or perhaps a desire to learn more about these programs so you can make a decision about beginning one at a later time. Think of that desire as a tentpole holding up a piece of canvas which you hope to make into a tent. Right now the canvas is whipping wildly in the wind. It cannot yet offer protection because it hasn't been secured.

The first two modules of this training package are designed to help you secure the four corners of your tent. These corners are represented by the following four questions:

Why Volunteers?

What are the unique contributions of parent aides?

What Philosophy?

What are the beliefs and assumptions that underlie the parent aide program? Which beliefs and assumptions will get in the way?

What Roles For Volunteers?

What powers and responsibilities are professionals willing to share with volunteers?

What Type Of Program?

What kind of program will work in *your* setting? (This question will be addressed in Module 2.)

Outcomes

When you have completed this module, you will have:

1. answered the question: "Why Volunteers?"
2. developed your own philosophy for using parent aides
3. determined the roles of the parent aides in your own program.

Activities

Begin with Activity 1, the Reason Sort, to answer the question, "Why Volunteers?".

1. Reason Sort
   Assumptions
3. Different Drummer
4. Close-up Of SCAN
5. Laying The Foundation
6. We/They

Reason Sort

Discussion

Why have so many parent aide programs been developed in the last five years? In Dallas County alone, there are five Family Outreach Centers. What do these programs have to offer the professionals challenged by large caseloads of multi-problem families? This module takes a look at other people's reasons for starting parent aide programs.

Start by looking at three reasons which are *not* good reasons for beginning a parent aide program. Parent aide volunteer programs are not panaceas. They cannot solve every problem and they do not function without giving time and energy to gain the additional benefits.

Directions

Begin by going over "Read and Weep" and answer the discussion questions. Next, get out the deck of cards labeled "Why Volunteers?". This deck contains other people's reasons for beginning volunteer parent aide programs. The reasons are summarized on one side of the card and their source (who said them and in what context) is on the other side. Sort the cards in this deck in order of priority. Put the card with the strongest reasons for adopting volunteer programs on the top of the deck, the next best reasons after that, etc. (Do this individually, if possible.) When every person/small group has finished, come together as a large group and reach a consensus on the five most valid reasons for beginning a volunteer program. Write these on the Reason for Beginning a Volunteer Program page.

Read and Weep

Here are some statements you might make as you think about beginning your parent aide program. They are reasonable statements that reflect reasonable hopes and desires, but . . .

Read . . .

- "A volunteer program would give a professional staff more time to spend with clients."

and Weep . . .

It doesn't happen that way. Starting and maintaining a parent aide program takes time, it doesn't give it. You will be fortunate if once the program is established and all the development work is finished, you have any more extra time than before. But remember, the work of parent aides does contribute much more time to clients.

Read . . .

- "A volunteer program would give professional staff a chance to feel good about their skills. It might be great to be able to teach the parent aide what I know."

and Weep . . .

Frequently, when a parent aide enters the field, the professional tends to question his or her own competence. The professional begins to think, "If a trained lay person can do what I do, then I musn't be very skilled."

Read . . .

- "A volunteer program would allow a professional staff to 'give over' some cases to the parent aide."

and Weep . . .

This is a "Yes, but" situation. Yes, many programs do feel comfortable giving a lot of responsibility to qualified, well-screened, well-trained parent aides, but, the professionals still supervise the volunteers and monitor the cases.

As a group, discuss

(1) Do you think the above statements reflect the motivation of most people in starting volunteer programs?
(2) Do any of the above three statements reflect hopes that you have trouble giving up?

Now look at some reasons why people start volunteer programs by using the "Why Volunteer?" card game.

Reasons For Beginning A Volunteer Program

Directions

After your group has completed the Reason Sort, write your five most valid reasons for beginning a volunteer program.

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

4. _____

_____

_____

5. _____

_____

_____

Assumptions! Assumptions! Assumptions!

Discussion

You have spent some time thinking about reasons for inaugurating parent aide programs; now turn your attention to what makes a good program work. The assumptions, motivating beliefs, and principles form the 'underpinnings' of successful parent aide programs.

Embedded within each successful parent aide program there is a set of assumptions or beliefs about people, about growth, and about child abuse. This system (set) of motivating beliefs, concepts, and assumptions makes up the philosophy behind a program. Whether stated or implied, this philosophy guides the direction of the program and influences many practical decisions that will be made, such as how to recruit, screen, train, and supervise volunteers.

First, look at the assumptions you have about child abuse and child abusers. It will be useful to consider not only what assumptions you have but also those commonly held and anticipated by other people. Later you will choose from among these assumptions, discarding some and adding others, to form the basis of your program's philosophy.

Directions

Post three pieces of newsprint on the walls or use a chalkboard. On the top of the first one, write "Child Abuse Is"; on the top of the second one, "Child Abusers Are"; on the top of the third one, "Child Abuse Will Stop When". Working as a group list the assumptions and beliefs that you have about child abuse.

A Different Drummer

Discussion

You have listed your assumptions about child abuse and child abusers. Parent aide programs must consciously turn away from some of these assumptions, even some that are commonly held, and move off to the music of a different drummer.

Listening to the tape, "What I Got from My Lay Therapist," in which a client talks about her experiences, will introduce you to some of the assumptions which underlie parent aide programs. This client was served by the SCAN (Suspected Child Abuse and Neglect) program in Arkansas. That program used the term "lay therapist" instead of parent aide to refer to the volunteer who is delivering service to the client.

While listening to the tape, listen particularly for the SCAN program's assumptions about child abuse, about child abusers, and about how child abuse can be stopped. When you have finished the tape, follow these directions.

Directions

Begin three new newsprint lists with the same headings (Child Abuse Is . . .; Child Abusers Are . . .; and Child Abuse Will Stop When . . .). Write 'SCAN Assumptions' under each heading and begin as a group to list the assumptions you heard on the tape.

Close SCAN

Discussion

Thousands of parents have received services from SCAN and numerous parent aide programs across the nation have learned from SCAN. Some, like the Travis County Lay Therapy program in Austin, Texas, are modeled directly after the SCAN philosophy. What makes these programs so effective? To learn more about the SCAN philosophy, you will be asked to read the next selections.

Directions

Look at the Description Of Readings on the next page. Working individually, read *one* of the reading selections to learn more about SCAN beliefs concerning child abuse, child abusers and when child abuse will stop. As you read, jot down notes about assumptions, beliefs and concepts on the Notesheet. When each person has finished reading one selection, come back together as a group and answer the questions on the Group Discussion — Closeup Of SCAN page.

Readings

Choose *one* of the following selections:

1. "Every Parent's Birthright: Bonding as the Key to Effective Lay Therapy," by Gene Tweraser and Jackie Waddle, SCAN of Arkansas

   The tape you heard was excerpted from this selection. It describes how the lay therapist works with the parent. It contains many quotes from the literature and a bibliography.

   Begins on page 13

2. "The Working Philosophy" of SCAN of Arkansas from *What Do These Programs Do?* by SCAN of Arkansas

   This selection focuses on the three stages in the client/volunteer relationship — dependence, interdependence, and independence — and describes how the lay therapist functions during each stage.

   Begins on page 25

NOTESHEET

Closeup Of SCAN

Directions

Use this notesheet to write down important points from the reading selection.

Selection:

Child Abuse Is: (dynamics; values; prognosis)

Child Abusers Are: (values; their past; their needs)

Child Abuse Will Stop When: (reparenting; strategies; interventions)

Questions For Group Discussion

Directions

When you have completed the readings, work as a group to write additional assumptions on the newsprint sheets you have posted. Answer the following questions:

1. How does the SCAN philosophy differ from your assumptions about child abuse?

2. Look over the list of your assumptions. As a group, come up with four adjectives to describe them. (i.e., helpful, disapproving)

3. Look over your list of SCAN assumptions. As a group, come up with four adjectives to describe these assumptions.

4. How do SCAN assumptions differ from your assumptions (if at all)?

5. In what ways do your assumptions affect the client and casework services?

Every Parent's Birthright: Bonding As The Key To Effective Lay Therapy

Gene Overman
Jackie Waddle

I felt I had missed something the first time round, but I got it. I was 30, but I got it, so who cares?

A formerly abusive parent talks about the bonding between herself and her SCAN lay therapist:

"No one had ever really listened to me."

She brought me flowers. Gardenias, camellias, different flowers. No one had ever brought me flowers. We live in an apartment, so I don't have a garden, and I love flowers. She did it because she's a caring person, and that was how she expressed it. She was herself.

She let me talk. No one had ever really listened to me. She had time. She listened. She offered friendship with no strings. She didn't just say, "Remember your doctor's appointment Tuesday." She said, "I'll come by to pick you up on Tuesday." She let me depend on her.

To those people who say that dependence is no good, I disagree. I needed to be able to depend on someone else before I could depend on myself. You don't need to worry about people hanging on too long. Kids grow up when they're ready.

She didn't try to change me, but she set limits. She said the most caring thing I had ever heard. She said "I can't let you do that, but you can do all these other things, and we'll help you learn how." And she did, and she put me in touch with other people who did.

Later on, she helped me grow up. I was very low — I had just had a big disappointment — and I got hepatitis, along with several other members of my family. I was sure she would cancel her vacation, but she didn't. She said if I was going to die, I would have to wait 'till she got home. She modeled for me, and that was the turning point. I realized I would have to be good company for myself, and I began to take care of myself.

"... child abuse as a product of family interaction, influenced by environmental and cultural forces."

This mother is now a SCAN worker and staff member in Little Rock, Arkansas. Her husband is also a lay therapist. SCAN — Suspected Child Abuse and Neglect — is a private agency which contracts with the Arkansas Department of Human Services to provide investigation and treatment of

families with child abuse or life-threatening neglect problems. The agency operates in 11 counties. Over 150 lay therapists are currently working with over 450 families. Since 1972, SCAN has recruited and trained more than 500 volunteer lay therapists. Volunteers come from all walks of life; they are male and female, black and white, young and old, parents and non-parents. They are trained in an intensive three-day training session in Little Rock and receive continuous supervision, support, and in-service training from state and county staff. They carry two or three cases at a time.

"The crucial ingredient of this type of comprehensive treatment program is the involvement of the parent in a corrective emotional experience with an accepting, gratifying, and uncritical adult."

Although the bonding aspects of lay therapy are emphasized in this paper, SCAN units in each county are part of a coordinated framework of community services.[1] All community agencies working with SCAN families coordinate to insure effectiveness of service delivery. Crisis intervention is provided by lay therapists and staff members, who operate a 24-hour hotline. Local staffs have organized Parents Anonymous chapters, multidisciplinary consultation teams, hospital child protection teams, parenting classes, and other supportive services. Staff members and lay therapists encourage parents to use community resources and to seek counseling and therapy whenever possible.

SCAN treatment has always emphasized the family "as a system and child abuse as a product of family interaction, influenced by environmental and cultural forces."[2] Problem areas for families and therapeutic methods utilized resemble those described by the Justices in *The Abusing Family*, except that the focus is on the one-to-one relationship, with group membership provided through Parents Anonymous as one ingredient of a coordinated community treatment program. "The crucial ingredient of this type of comprehensive treatment program is the involvement of the parent in a corrective emotional experience with an accepting, gratifying, and uncritical adult," writes Arthur Green, director of a Brooklyn center which uses volunteers to treat abusive families.[3]

SCAN lay therapy counseling comprises a complex set of responsibilities.

The lay therapist must have a . . . belief that abusive parents can be helped.

> The prime task of the lay therapist is to establish a trust relationship with the client. From this basic therapeutic friendship, various hats are assumed by the lay therapist, such as that of a parenting model; marriage, sex education, and/or child development counselor; as well as that of a resource and advocate for needed auxiliary services, including homemaking, babysitting, day care and transportation. In assuming any and all of these responsibilities, the lay therapist

strives to maintain a non-judgmental, non-punitive relationship with his or her clients with the end goal of enabling the parent to reach discipline alternatives to abuse and to achieve independence.[3]

"... there is a unifying principle which can govern the social programs which serve families and their children. The principle is found in the primacy of human attachments."

What kind of person can be a lay therapist? Someone who has the time to do volunteer work, to begin with. Someone who has the following characteristics: empathetic, sincere, warm, accepting, attentive, mature, stable, dependable, honest, nurturing, supportive, firm, self-aware. The lay therapist must have a positive self-concept, good parenting experiences (as a child and/or parent), belief that abusive parents can be helped, willingness to be trained in the dynamics of abuse and human behavior, understanding of child-development, enjoyment of children, no need to stay in a power position, strength to accept rejection or deal with overcompliance, comfortable feeling about possible manipulation or being used by parents at times, tenacity when dealing with community agencies, and respect for the human worth of others. Such people surely exist in areas outside Arkansas. Lest these qualities make the lay therapist sound saintly, it is important to remember that the strength of the treatment is the nonprofessional aspect. The lay therapist models how to act when you make mistakes or don't know all the answers.

The SCAN treatment method, lay therapy, combines with close coordination between community agencies and support of Parents Anonymous, and has been very favorably evaluated, particularly in terms of client impact and cost effectiveness, as part of a DHEW Demonstration Grant.[3] Fiscally and philosophically, SCAN fits in with Selma Fraiberg's stirring plea for "every child's birthright":

> If we take seriously the psychological evidence that emerges from the study of human infancy – and I think we must – there *is* a unifying principle which can govern the social programs which serve families and their children. The principle is found in the primacy of human attachments.[4]

It is the creation, perhaps for the first time in the life of an abusive parent, of an atmosphere of trust, unconditional acceptance of the person, and security.

What happens between two people when a SCAN lay therapist works with an abusive parent? A therapeutic relationship grows – one which resembles the nurturant parent-child relationship. It is the creation, perhaps for the first time in the life of an abusive parent, of an atmosphere of trust, unconditional acceptance of the person, and security. It is predictability and limits. It is stimulation, having fun together, doing things, learning how to solve problems, learning how to play and laugh. It is learning that it's all right to make mistakes, that the world doesn't fall apart, and that it's possible to pick yourself up and start over or do

Since the home is the parent's turf and the worker is a volunteer, this gives back some of the power to the parent who is threatened when society intervenes.

something different. It is all the things that didn't get done the first time round, when the parent was a child.

How does it happen? The SCAN worker offers herself — or himself — to the parent as another human being who cares and who will help. Their common humanity is the underlying foundation. The worker comes not as a professional therapist, nor as a professional social worker. The SCAN worker is able to enter into a one-to-one relationship and is willing to go beyond the traditional limitations of time and location and degree of involvement to work with a family. The lay therapist is available 24 hours a day and visits the parent in the home, usually several times a week. Since the home is the parent's turf and the worker is a volunteer, this gives back some of the power to the parent who is threatened when society intervenes.

SCAN is not a hospital-based program, and in most cases, there has been neither hospitalization nor a court process. In a sense, the latter cases are easier to deal with because the offense is clear-cut and fairly obvious, even to the parents. The parents go to a hospital or court where they are told by persons clearly in authority that the abusive situation cannot continue. In contrast, most SCAN families are first approached in their homes by a staff evaluator, who must give them the same message, but in such a way that they will accept the services offered. Rarely are the services rejected; when they are, families are referred to the Prosecuting Attorney's office after being told that the law requires this action. Perhaps it is intriguing for parents to encounter someone who represents society as a nurturing parent — firmly setting limits while offering assistance. Perhaps it is a new experience for most abusive parents.

The abusive parent is seen as an abused or neglected child grown big.

SCAN has always operated on a developmental model. The abusive parent is seen as an abused or neglected child grown big, someone who experienced abuse and/or neglect at critical points in the developmental process. This viewpoint is supported by much important research and is currently being emphasized in publications and ongoing research, particularly at the National Center for the Prevention and Treatment of Child Abuse and Neglect.[7] In speaking of the abused and neglected child's inability to form positive attachments, to establish trust, and to achieve independence, autonomy and identity, Ruth Kempe could well have been describing abusive parents:

> Whether they are compliant or negativistic, socially overly friendly or withdrawn, the overt behavior usually covers underlying mistrust, a poor self-image, and varying degrees of anger at the frustration of their developmental and emotional needs.[8]

The bonding process in the treatment of SCAN parallels parent-infant bonding. It takes place over a longer period of time, however, and is the first step in the formation of a therapeutic friendship. The SCAN worker provides a consistent, favorable attitude toward the parent, attends to his behavior, [illegible] and responds in a way which encourages further reciprocal interaction. Current research in the area of maternal-infant bonding and neonatal behavior underlines the critical importance of bonding and the attachment process.

> This original mother-infant bond is the wellspring for all the infant's subsequent attachments and is the formative relationship in the course of which the child develops a sense of himself. Throughout his lifetime the strength and character of this attachment will influence the quality of all future bonds to other individuals.[9]

SCAN treatment is based on the hypothesis that formation of a healthy bond is necessary for elimination of abusive behavior.

Our experience after five and a half years of lay therapy treatment is that the attachment is strongest when the worker makes contact soon after the initial intervention and can spend as much time as possible with the client during the early weeks.

Our experience after five and half years of lay therapy treatment is that the attachment is strongest when the worker makes contact soon after the initial intervention and can spend as much time as possible with the client during the early weeks. Interestingly, when the parent is in crisis, such as during hospitalization of a child or after a self-referral, he or she may bond to the evaluator or other staff person making the initial intervention. In cases like this, it may take longer for the bond to be formed with the lay therapist. Months later, however, the parent may still call the staff member when there is increased stress.

Attachment between the SCAN worker and the abusive parent takes time. The worker is prepared to be patient, to be unconditionally accepting of the parent (but not of his abusive behavior), and to look for and encourage small success — as "small" as the parent calling the worker, which is in fact a giant step for someone unused to trusting and asking for help. The parent begins to respond to the worker, slowly at first, then with more assurance when it becomes evident that the worker is there to stay. One parent said:

> What mattered most to me was knowing that my lay therapist would not leave me, that she would be around as long as I needed her. It was important to me to know it was a long-term relationship, not just a three-month treatment program. In the beginning, I thought I would need her forever, but as I began to grow, I didn't need the constant assurance. I was like a toddler who needs to know mother is still there to come back to."

"In the beginning, I thought I would need her forever, but as I began to grow, I didn't need the constant assurance. I was like a toddler who needs to know mother is still there to come back to."

> back to. This made me feel safe, and I could begin to go out and explore. Today my children are safe and happy because a SCAN lay therapist loved me before I knew I was worth loving.

Irving Kaufman has written sensitively about helping people who cannot manage their lives:

> Treatment for an emotionally deprived adult has to be a restitutive process before it can be anything else. It has to supply some of the object relationships and other nurturing and ego-building experiences that have been missing in his life.[10]

As to whether this can be called treatment, he says:

> Of course it can. It is treatment based on a diagnosis of the client's level of development. It is treatment based on what the client needs in the way of ego building. It is exactly appropriate. Although a different type of treatment may be called for as the client progresses, the approach needs to be geared at all times to his level of fixation, the structure of his defenses, and the way he reacts to others.[11]

The main goal of working with abusive parents, according to Brandt Steele, is

> . . . to help them relinquish an abusive neglectful pattern of child rearing and replace it with a method of care which is more rewarding to the parents and at the same time conducive to optimal development of the child. This means we must reopen the channels of growth and development for parents to help them get beyond their limitations and the hampering residual liabilities of their own early lives: in other words to become more mature.[12]

The combination of these factors makes abusive parents "... among the most difficult people with whom to work."

In speaking of the immaturity of abusive parents, Steele says it can

> . . . best be understood as a phenomenon of developmental arrest, or as a partial inhibition of the child's normal personality growth — a blockage of the normal drives toward maturation. One of the most important tasks of working with abusive parents can therefore be conceptualized as taking whatever measures are necessary or available to eliminate or to work around such blocks and inhibitions, thereby opening the way for resumed growth and development.[13]

Closely related and subject to the same philosophy of treatment are the problems of dependence and lack of basic trust and confidence.

...

...

...

"I wanted her to take the kids off my hands when I was down in the dumps, and not make me feel guilty about not wanting them around all the time."

The worker is aware of the psychological characteristics of abusive parents, the dynamics of abuse, techniques for working with people. The worker is taught that there is no one "right" way to do SCAN work, though there are some "wrong" ways to do SCAN work like "bringing chicken soup" long after the need is past. The worker undergoes rigorous training, supervision and in-service training.

With all this information in hand, the worker is reminded to be her or himself, and to be open to the parents encountered. Respect for the parents as individuals and awareness of our common humanity are the foundations for successful work with abusive families. Clark Moustakas could be describing the relationship of a SCAN worker and an abusive parent when he talks about essential conditions in child therapy:

> The relationship must be one in which the person is regarded as an individual with resources for his own self-development rather than the helpless victim of a neurosis which can be cured only through a dependency relationship. The process of self-growth sometimes involves an internal struggle between dependency needs and strivings for autonomy, but the individual eventually feels free to face himself if he is in a relationship where his human capacity is recognized and cherished and where he is accepted and loved."

Here is how one parent describes the process:

What I Wanted from My Lay Therapist . . .

I wanted her to show my husband what he was doing wrong — he wouldn't listen to me anymore.

I wanted her to see what an unruly and negative son I had — he was a monster.

"I did get plenty of information about typical behavior of children his age and a short course in child development and discipline."

I wanted her to know about my tragic childhood so that she would understand why I had turned out so badly.

I wanted her to listen to me whenever I felt like talking, and I wanted her to hear all the things I was not saying.

I wanted her to solve some of my most immediate problems. Like, find a larger house with a fenced-in yard for us, figure out a way I could get a car of my own, and more money coming in. It would also help me feel better if she could tell my mother off for me, help me to find some friend I could relate to, sign me up for food stamps and medicaid, call the bill collectors and explain that I needed more time, find a dentist who would not charge to fix my teeth, and help my husband find a job with fewer working hours and a raise.

I wanted her to take the kids off my hands when I was down in the dumps, and not make me feel guilty about not wanting them around all the time.

"When it came to solving problems, ... she offered suggestions and a few alternatives and left the rest up to me."

I wanted her to be my loving mother I never experienced and my perfect best friend.

I wanted her to "be me all the time, not just when I was doing what she wanted me to; I wanted her to see something good in me, if there was anything good, and tell me about it; I wanted her to be real and honest, unless it hurt. I wanted her to take away some of the pain — I wanted her to fix me.

I wanted her to just know my way.

What I Got from My Therapist ...

I got a lay therapist who only wanted to hear about my husband from my husband.

I got no acknowledgement from her that my son was the monster I thought him to be. I did get plenty of information about typical behavior of children his age and a short course in child development and discipline. I also got permission from her not to like my children all the time.

I got to talk about my tragic childhood only when we had finished talking about the here and now, and we rarely ever got through with that.

I got a lay therapist who listened to me whenever I felt like talking unless it infringed on her own personal or family time, and one who informed me that she did not possess ESP powers so what was left unsaid was also left unheard.

"She assured me over and over again that it was OK not to want to be with my children 24 hours a day."

When it came to solving problems, my lay therapist didn't offer much. I learned to anticipate her predictable, "What have you thought of?" or "What can you do about that?" She offered suggestions and a few alternatives and left the rest up to me. (I did notice that she kept dropping hints about my going to work and all the advantages she could see in that.)

She helped me get day care and kindergarten for the kids. She was never my babysitter and let it be known quickly that that was not the reason she was on the scene. She assured me over and over again that it was OK not to want to be with my children 24 hours a day.

She did many things that a loving mother and a best friend would do, but she helped me to understand that she could never replace the mother I had missed, and for me to hold her up as the perfect best friend would be disastrous for us

[illegible] and
[illegible] for a
[illegible] or
[illegible] I never loose
[illegible] keep on

[illegible] I wanted so much to
[illegible] every time we were

together. I had trouble believing her in the beginning, but she persisted, and I decided she would not lie to me. I trusted her. She was real and she was honest and I could not deny that.

She did not take away my pain, but she encouraged me in a loving way to face it and deal with it when I was ready to. She was always there to make it less painful. She did not fix me. She showed me how I could fix me.

She loved me: her way.

What I Learned . . .

I learned to solve problems.
I learned, for the most part, to let go of that ugly childhood.
I learned to have fun — not by chance, but by planning.
I learned to ask for what I want.
I learned to communicate.
I learned to feel potent, powerful, unique, and capable.
I learned to accept myself just as I am without demanding or even expecting perfection.
I learned to be nurturing to myself and others.
I learned to be aware of what I feel, hear, and see.
I learned to give up my children and my husband as mine — they belong to themselves.
I learned to love others without expecting that they do something for me in return — not always, but often.
I learned how important it is to give and receive strokes.
I learned how to feel free.
I got what I wanted — and so much more. It's still called love.

"I learned for the most part to let go of that ugly childhood."

The limitations of lay therapy have been pointed out.[19] Many either did not exist or have been overcome in the SCAN program, which has benefitted from the evaluation by an outside agency over a three-year period and the feedback from parents. The evaluators told SCAN that the program is outstanding. Even more important, the parents have shown and told SCAN that the program works. The rate of reincidence is low. Parents who attend Parents Anonymous have observed that those members who have SCAN workers seem more sure of themselves than those who do not, while the latter tend to reach out and try to bond to the sponsors. Parents have moved across county lines in order to have a SCAN worker. Parents introduce their workers proudly, saying, "This is my SCAN worker."

We challenge other communities to get on with the exciting prospect of protecting children and enhancing attachments between human beings.

Parents themselves are among the program's strongest boosters. They willingly make public appearances, including the SCAN training sessions, when a Parents Anonymous panel provides a moving conclusion on the third day. Many parents have expressed a desire to become SCAN workers. Some have already accomplished this goal. Parents continue

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"The Working Philosophy" of SCAN of Arkansas, from

from *What Do These Programs Do?*
by SCAN of Arkansas

They "walk through it all" with the parents because of the amount of time they spend.

The SCAN treatment of families with an abuse or neglect problem involves a maturation process for the parent(s). This growth process which may take as long as two years for some families, or six months for others, moves them through stages from Dependency, to Interdependency, to Independency. The SCAN volunteer lay-therapists participate in this growth experience with their families. They "walk through it all" with the parents because of the amount of time they spend each week in the homes of their families or accompanying parents elsewhere, and because of the communication techniques that they learn during the two-day training. They learn how to relate effectively and build skills in developing their own self-awareness as well as changing the poor self-image that many parents have acquired about themselves.

The objectives that the volunteer lay therapists seek to achieve with their families are (1) intervention in the home as a "bail out" person with the idea of ending parental isolation, (2) providing alternative child rearing practices that will replace the abusive behavior, (3) set limits both for the parents and for the parents to set for the children, (4) modification of the parents' unrealistic expectations of the child's behavior, (5) changing the parents' self-image from a negative to a positive, (6) alleviate home pressures which generally precipitated crises, and (7) reparent the parent.

They learn that no matter what happens to them at the water's edge, the lay therapists will still be standing behind them.

When a child learns how to swim for the first time, it usually makes a series of advancing steps, gaining courage and enjoyment each time it gets nearer the water's edge. The families in the SCAN program do their own advancing toward water to find that the alternatives in parenting and living that they will learn can be safe and enjoyable for them. The volunteer lay therapist shows the family, by modeling those alternatives for them, that the world can be better for them. As children are encouraged to move closer to the goal of getting their feet wet in this new experience, so are the parents supported and encouraged in their new feelings and experiences by the lay therapist. At first, families need constant reassurance from the lay therapist standing there, but they will move and they will grow because they learn that no matter what happens to them at the water's edge, the lay therapist will still be standing behind them. The therapist is

SCAN lets the families slot themselves into the dependency, interdependency, independency philosophy.

Most, but not all the families that SCAN lay therapists treat, are living in the dependency stage at the time of their referral to the agency. SCAN uses information it has gathered on the parent through its initial case evaluation plus the observations of the lay therapist in the first few visits to the family, to learn in which of the three stages they are parenting their children or acting as adults. SCAN lets the families slot themselves into the dependency, interdependency, independency philosophy — they never impose it on the family. Some parents may be more mature at the time of referral; a self-referral, for example, is a good example, since they are already aware that they need help and can reach out for it, although their parenting skills may need guidance. In any event, SCAN lay therapists accept their families where they are and start to work with both the strengths and weaknesses that already exist. In every family and in every parent where there is great weakness from failure, there is also great strength. After all, the parents can be given credit for having survived and functioned in light of all their experiences.

The dependency stage

In every family and in every parent where there is great weakness from failure, there is also great strength.

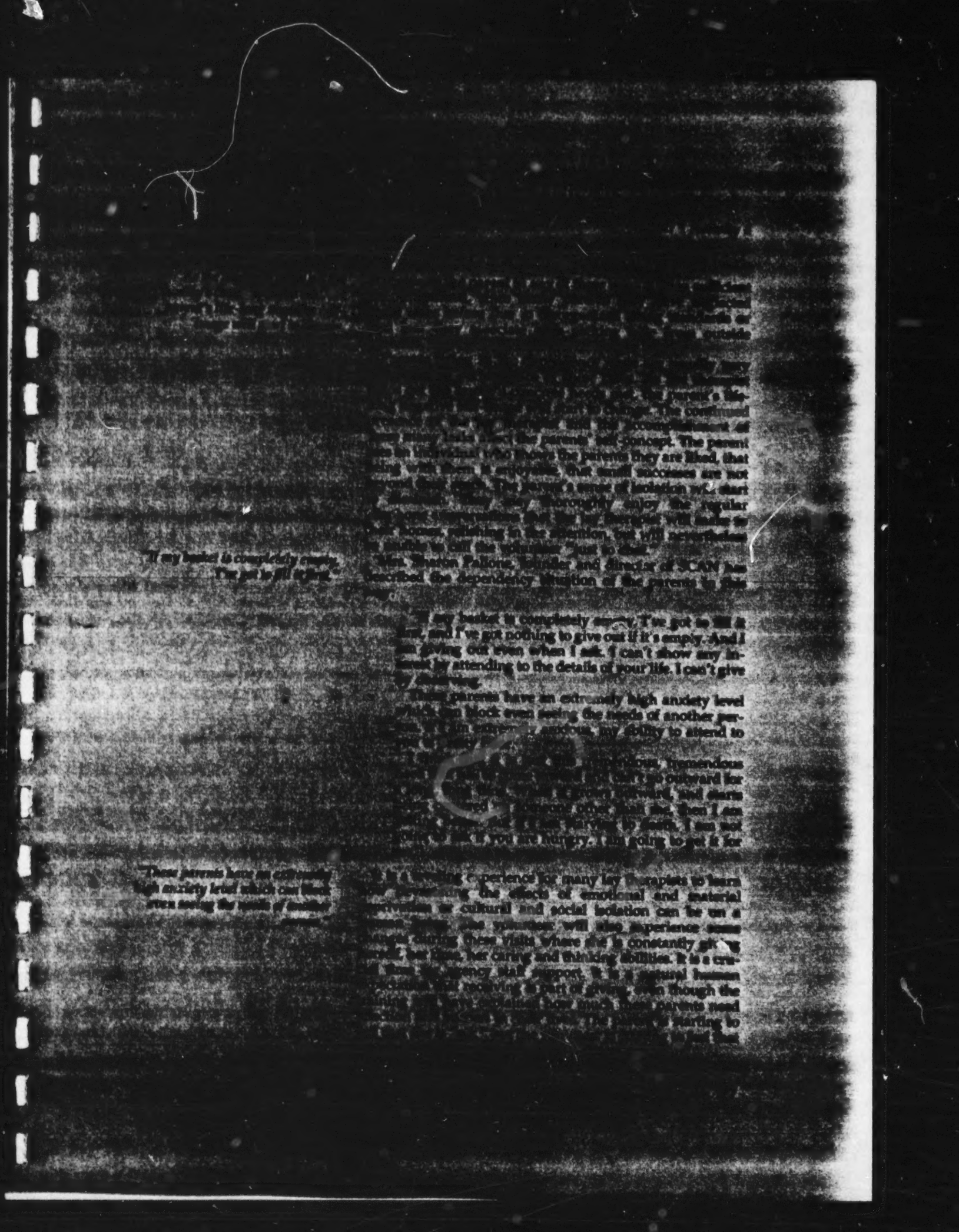
In the initial stage of therapy, the lay therapist's work is intensely parent-oriented. The therapist encourages the parent to be dependent on her* in the management of the home, obtaining outside medical treatment for the child(ren), and in any crisis situation. She urges the parent to call her, and leaves her own telephone number on a piece of paper. She may leave a dime if the parent has no phone. This gesture is repeated several times as the volunteer increases the number of times she visits the parent at home.

The lay therapist will exploit small successes with the parent during these visits. The successes may be concrete ones, such as helping a mother do the laundry, go grocery shopping, obtain food stamps, learn how to manage a food budget, obtain clothing for the child(ren) or for the mother through the volunteer's personal resources or resale stores, obtaining public assistance payments or straightening out any problems in that area, finding day care centers, babysitting services, obrtaining legal services if they are needed, finding housing, job training, marriage counseling, getting broken appliances fixed, finding out if the parent has any hobbies and doing those hobbies with her. The lay therapist does not insist that these things be done. She may sense that they need to be done and will suggest it if she feels the parent would like to do it. The fact that the therapist will offer to

*SCAN has male therapists, too, but most are women.

"If my basket is completely empty, I've got to fill it first."

"These parents have an extremely high anxiety level which can block even seeing the needs of another per-



all the giving is not getting her anywhere with the parent. If all the support of the parent is done in pursuit of establishing a trust relationship between them, why isn't the parent "giving back" to me?

The parent is starting to feel that she is "O.K." but the volunteer is starting to feel that all the giving is not getting her anywhere with the parent.

The SCAN staff provides consistent support to its volunteers to handle these feelings in individual case conferences or on an unplanned basis through telephone calls to staff who are available to the volunteers on a 24 hour basis. If the volunteers are there to support the parents, someone has to and does offer case consultation, encouragement, alternatives, etc. to the volunteers.

One pattern of behavior by the parents which may contribute to the volunteer's first sense of failure usually takes place in this first stage of the parent's growth and change. It is precipitated by their feelings of success, and they have trouble holding that position. Parents who have perceived themselves as failures all their lives, and have then had the agencies of society confirm that feeling, may be able to absorb achievement, but they cannot sustain those feelings comfortably. Suddenly, they do not recognize themselves in that state.

The shift from a negative to a positive self-image leads the parent through agitated questioning about self-identity and to a reappearance of negative behavior. To test the reality of this feeling, the parents will try to establish their original position of being a failure. At least, they have had years of experience that way. The parents remember how much more comfortable it felt being rejected, and will demonstrate their passing through this stage to the volunteer, by not being at home when she comes to visit. Many of these parents once had unloving, uncaring, unsupportive, and even abusive parents themselves. When they turned to their mothers and fathers for love, they were rejected, or hit; their need for nourishment was unsatisfied and met with neglect or violence. One grows up recalling that the people whom you were supposed to or wanted to love were destructive and hurt you.

Parents who have perceived themselves as failures all their lives, and have then had the agencies of society confirm that feeling, may be able to absorb achievement, but they cannot sustain those feelings comfortably.

The lay therapist has demonstrated her understanding and concern for the parent over and over again, and if the parent starts to feel close to that volunteer and reveal her need for love, friendship, attention, etc., and there is a natural recall to the past. The parent may begin to feel that the volunteer will leave them, and will throw little boomerangs into the relationship, or behave in such a way as to encourage the volunteer *not* to like them. The parents feel that if they get better, their lay therapist will leave them, so we might as well get progress and good feelings about myself out of the way. I never had it, the parent is saying. Experience tells me that happiness is not for me. I was a bad child. I am a bad parent. That's all I remember and know today.

The lay therapist will help the parent develop a greater resistance to stress, perhaps demonstrate some ways in which stress can be anticipated.

As the home situation improves, the parent(s) self-esteem will continue changing and improving. This may develop as a sense of personal pride and will be reflected in the parents' and children's personal appearance. Or it may be visible in the general order of the household. The feeling of personal improvement will start to move outward. For a mother, lay therapists have seen this change in getting a new haircut or starting to use some make-up. Life is no longer bland, or dark, or sad. It has color and brightness.

Lay therapists have seen this change in getting a new haircut or starting to use make-up.

The lay therapist will know that the time has come to start involving the parent in SCAN's Parents' Anonymous meetings, and will suggest that they attend one meeting. Parents' Anonymous is a socializing experience for parents and it gives them visible proof that other parents have had difficulties in raising their children. The parent can begin to share child rearing problems with a resource other than the lay therapist. They will find relief in knowing that others share their joys and their problems of being parents. The other parents will start reinforcing the good skills that parents share with each other. Some of the parents' first new friends may well come out of these PA meetings.

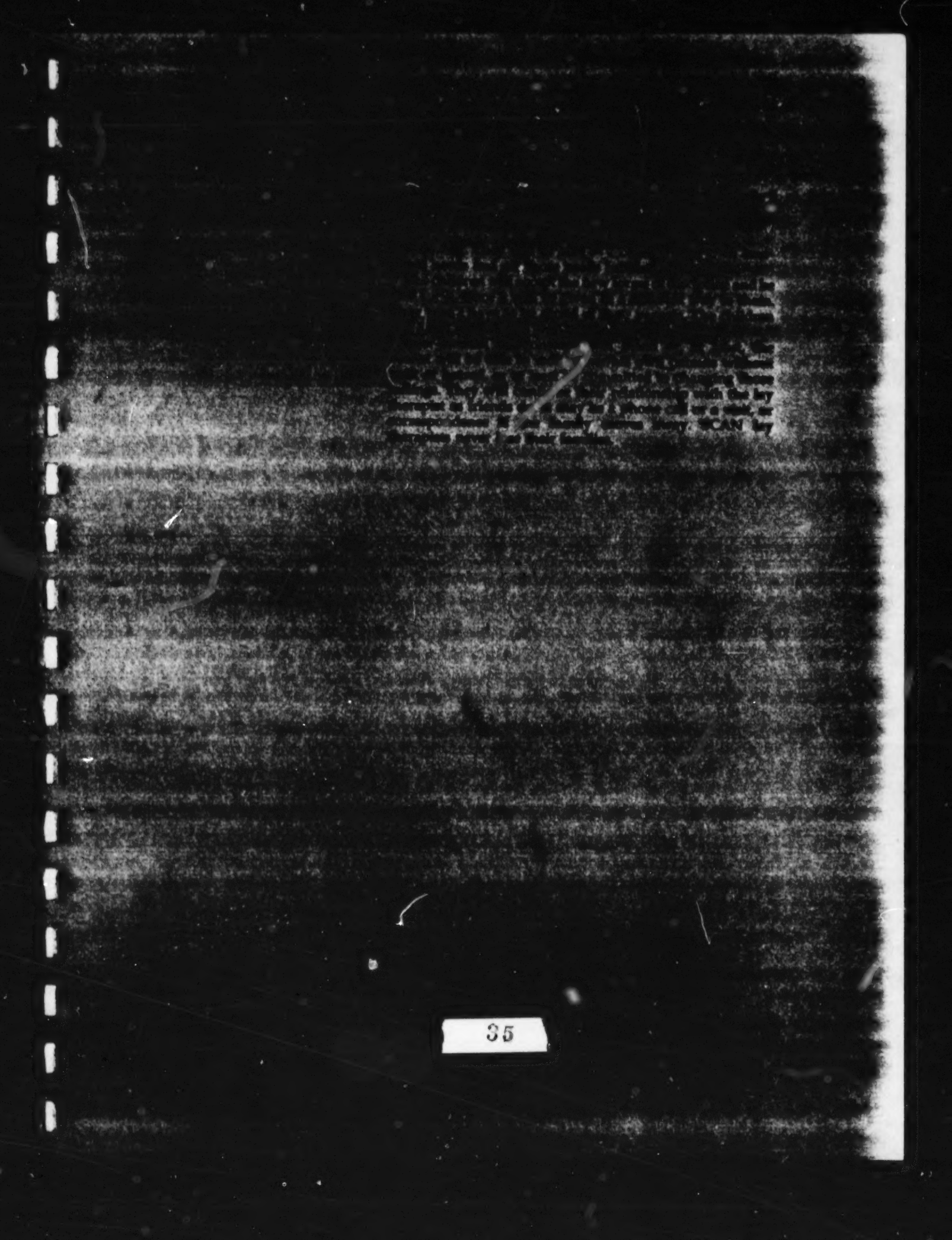
In addition to providing other parents as a source of contact, possibly friendship, the lay therapist will encourage the parents to start using community services on their own. The therapist may be involved in helping the parents get jobs, return to school, basically start to become involved in the world outside their homes. The lay therapist will not need to visit the family as often as in the dependency stage, but will keep in contact by telephone. The parents can regress.

The act of giving, of giving out will be the gratitude.

The giving back to the volunteer which could not take place in the dependent stage may start to happen. Parents will produce surprises for the lay therapist which may be simple but meaningful gifts within their means. Some may be able to say "thank you" to the therapist, others may not. The act of giving, of giving out will be the gratitude.

The independent stage

At this point, the family will be considered stabilized. The parent will be living with a high sense of self-esteem, will know and be able to set reasonable limits on behavior for the child(ren) and themselves. Their functioning within and outside the home will be stable and enjoyable. The world will be safe for them. They will make positive changes and like those changes. Mistakes will be absorbed without the same kind of damaging impact they knew previously. They will be able to stand criticism and act upon it. It will not be



Laying the Foundation

"Before creating, let the image be ideal. Before acting, let the thought be correct."

I Ching

Discussion

What assumptions about child abuse and child abusers do you want included in your program's philosophy? Which assumptions express the concepts and motivating beliefs that would enhance your program?

Directions

As a group, go through the newsprint lists of assumptions and check off those which you want to incorporate into your program. Choose the ones that make sense to you; that move you; that excite you. Write the ones you have chosen on the Program Philosophy page. You may, if you wish, rewrite them in narrative form. Or you may want to begin your first list with:

We believe that:

Child abuse is

- (list statements) _____

_____

Child abusers are

- _____

_____

Child abuse will stop when

- _____

_____

Program Philosophy

Directions

Write your program philosophy here.

We/They

Discussion

Now that you have completed your program philosophy statement, it is time to 'change gears' and think about the roles of parent aides in your program. Most professionals who work with parent aides need to know what differences (besides salary!) separate their roles from those of the volunteers.

This decision is important because it will help to define much of your future activity (i.e., who you will recruit and screen, as well as how you will train and supervise parent aides) and can also affect the acceptance of your program by other professionals. This activity will give you a chance to explore the needs of professionals, as well as the needs of parent aides for meaningful and unique roles. You will then be able to design role descriptions for the parent aides that complement the roles of the professional. First, begin exploring the needs of both the professional and of the volunteer.

Directions

Divide your group in half. One half of the group will role play parent aides, and the other half will role play professionals. Give each person in the group a copy of We/They, and ask him/her to fill it out. The professionals, of course, will complete the copies from their own perspectives, and those role playing parent aides will complete the copies from the perspectives of parent aides (We=parent aide). When you have finished, come back together as a group and answer the questions on the following page.

We/They

We Can	They Can't

We Can't	They Can't

We Do	They Don't

We Don't	They Do

We Are	They Aren't

We Aren't	They Are

We Know	They Don't Know

We Don't Know	They Know

We Like	They Don't Like

We Don't Like	They Like

We Would Like To Change	They Would Like To Keep The Same

We Would Like to Keep The Same	They Would Like To Change

We Have	They Don't Have

We Don't Have	They Have

Developed by Carl Pickhardt, Ph.D., Education Service Center,
Austin, Texas

We/They

Directions

Those who played volunteers come together to answer the volunteer questions. Those who played professionals come together to answer the professional questions. It is preferable to have more than two people in your discussion group. However, one person may answer these questions by him/herself.

Professionals	Volunteers
1. Look over the We/They list. Were the differences between the volunteer and professional roles clearly defined?	1. What aspects of your volunteer role did you like? Which aspects were less appealing?
2. Which professional rights, responsibilities and prerogatives would you like to maintain for yourselves?	2. What rights and responsibilities do you need in order to feel like a productive part of the program?
3. Which would you be willing to share with volunteers?	3. Summarize significant needs of your roles that are different from those of professionals.

When both groups have finished answering the questions, follow the Negotiation directions.

Negotiation

In order to clarify the roles of the volunteers we will conduct a friendly negotiation session. Negotiation of roles, definitions and powers goes on between any two groups that work together. This negotiation is usually not explicit or out in the open and, therefore, may be difficult to understand, or to deal with. For our purposes, we will make the negotiations explicit and clear so we can best understand the needs of both professionals and volunteers.

Directions

To begin the negotiation, the volunteers will tell the professionals what rights and responsibilities they need in order to feel a productive part of the program.

Then, when the volunteers are finished, the professionals will explain which prerogatives, responsibilities and rights they want or need to keep for themselves.

If there is no disagreement between the two positions, then you are ready to move on to the Volunteer Roles page. If there are areas of overlap or disagreement, i.e., volunteers want a responsibility that professionals do not want to share, then discuss your positions further, trying to come to an agreement that would satisfy both the professionals and volunteers.

You may want to use these tools in your discussion:

- "Predicting" – i.e., "If professionals give up that duty then we can expect ___ to happen."
- "Feelings" – i.e., "As a volunteer I resent _____."
- "Compromise" – i.e., "If volunteers were allowed to do part of _____ task, then they might be more committed to the outcome.

When the group feels satisfied that an acceptable compromise has been worked out, move on to the Volunteer Roles page.

Volunteer Roles

Directions

Develop a statement describing the roles of the parent aides in your program. Remember to remain sensitive to the needs of both the volunteer and the professional. This will not become a job description. To write a job description, you will need much more specific information about your own program needs (this will be addressed in Module 2). Right now you are sketching the broad outlines of the parent aide's roles and the limits you will place upon them. You have both the right and the responsibility to delimit the roles of the parent aides. Developing a parent aide program which threatens professionals will just mean you are moving your program closer to internal sabotage. Here are some questions to guide you in developing your statement:

- How will the parent aide roles be different from those of the professional?
- How will the parent aide roles be similar to those professional's roles?
- What are the unique aspects of the parent aide's roles?
- What are the unique aspects of the professional's roles?

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